

SUPPLEMENTAL STATEMENT OF WATER DIVERSION AND USE

If the information below is inaccurate, please line it out in red and provide current information.
Notify this office if ownership or address changes occur during the coming year.

PLEASE COMPLETE AND RETURN THIS FORM BY JULY 1, 1997

OWNER OF RECORD: MONTECITO COUNTY WTR DIST

MONTECITO COUNTY WTR DIST
583 SAN YSIDRO ROAD
SANTA BARBARA, CA 93108

STATEMENT NO: S000359



TELEPHONE NUMBER:

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YEAR OF FIRST USE: 1948

PARCEL NO:

SOURCE: OFFICE WELL
TRIBUTARY TO: OAK CREEK
COUNTY: SANTA BARBARA
DIVERSION

WITHIN: SW $\frac{1}{4}$ OF SW $\frac{1}{4}$ SECTION 17, T4N, R26W, SB&M.

- A. Water is used under: ~~Riparian claim~~ Pre 1914 right; Other (explain): _____
- B. Year of first use (Please provide if missing above) _____
- C. Amount of Use - Enter the amount of water used each month. If monthly and annual use are not known, check the months in which water was used.

Amounts below are: ☐ Gallons ☒ Acre-feet ☐ (other) _____

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total Annual
1994													Ø
1995													Ø
1996													Ø

- D. Purpose of Use - Specify number of acres irrigated, stock watered, persons served, etc.
Irrigation _____ acres; Stockwatering _____; Domestic _____
Other (specify) _____
- E. Changes in Method of Diversion - Describe any changes in your project since your previous statement was filed. (New pump, enlarged diversion dam, location of diversion, etc.)

- F. If part of the water listed in Part C consists of reclaimed or polluted water, please indicate the annual amounts of reclaimed or polluted water in the space below.

I declare under penalty of perjury that the information in this report is true to the best of my knowledge and belief.

DATED: _____, 19 ____ at _____, California

SIGNATURE: _____

PRINTED NAME: _____
(FIRST NAME) (MIDDLE INIT.) (LAST NAME)

COMPANY NAME: _____

See back of page for General Information. If there is insufficient space for your answers, please number them in the space provided on the back of this form.